117000041862

(Requestor's Name)							
(Address)							
(Address)							
(City/State/Zip/Phone #)							
PICK-UP WAIT MAIL							
(Business Entity Name)							
(Document Number)							
Certified Copies Certificates of Status							
Special Instructions to Filing Officer:							
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STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY

Pursuant to the provisions of sections 605.0114 or 605.0116. Florida Statutes, the undersigned limited liability company submits the following statement in order to change its registered office or registered agent, or both, in the State of Florida.

l. Na	ume of the limited liability company: CENTRAL GR	OVE MEI	MBER, LLC				
			b)				
417 (-2	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	_ `	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX) 3109 GRAND AVENUE #349 Coconut Grove, FL 33133				
	3310 Mary Street Suite 302						
	Coconut Grove, FL 33133						
	02/23/2017		L1700004	-1862 ·			
3.	Date of filing/registration in Florida	4.		Document nui	nber	•	
5. (a)						~ `	
J. (a)	Registered Agent and Registered Office shown on the records o NRAI SERVICES, INC.	f the Florid	la Dept. of Stat	de:	- 16	2024 JUN	
	Registered Office Address (MUST BE FLORIDA STREET 1200 SOUTH PINE ISLAND ROAD	ADDRES	<u>S)</u>	_		=	- ())
	PLANTATION	, 33324		_	-? -?	:6 W	
	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered</u> Corporation Service Company	d Office ac	<u>idress</u> :				
	NEW Registered Office Address:		,	-			
	1201 Hays Street			_			
	Tallahassee Fi	32301 L		_			
change agent w was/we	mited liability company is not organized under the later or changes are made, the Florida street address of the will be identical. Or, in the case of a Florida limited liter authorized by an affirmative vote of the members clessof organization or the operating agreement of the	e register ability co of the lin limited	ed office an ompany, it is nited liabilit liability con	d the business of s hereby confir y company or a npany.	office of med that as otherw	the reg the ch	gistered nange(s)
Signat	ure of a member or authorized representative of a member	JILI	L CILMI, AU	Printed or typed		3000	
I hereb provisio he obli o mere	by accept the appointment as registered agent and agons of all statules relative to the proper and complete igations of my position as registered agent as provide by reflect a change in the registered office address. If in writing of this change.	ree to act perform d for in (hereby co	t in this cape ance of my e Chapter 605 onfirm that	wite I farther	aaraa ta	~ ~~~121277	ly with the and accept being filed as been
Signatur	Drace C-Kirby e of Registered Agent	GRACE	E. KIRBY,	ASST. VICE P	RESIDE	NT	